



ST-2-DP Direct Pay Multiple Site Form

Attach to Form ST-1.

Do not write above this line.

Account ID: _____ This form is for _____
(Reporting period)

Part 1 — County locations and municipal locations (no business district tax)

You must round your figures to whole dollars. See instructions.

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
4a _____ X ^(rate) = 4b _____
Food, drugs, and medical appliances
5a _____ X ^(rate) = 5b _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
4a _____ X ^(rate) = 4b _____
Food, drugs, and medical appliances
5a _____ X ^(rate) = 5b _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
4a _____ X ^(rate) = 4b _____
Food, drugs, and medical appliances
5a _____ X ^(rate) = 5b _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
4a _____ X ^(rate) = 4b _____
Food, drugs, and medical appliances
5a _____ X ^(rate) = 5b _____

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise
4a _____ X ^(rate) = 4b _____
Food, drugs, and medical appliances
5a _____ X ^(rate) = 5b _____

Page totals
4a _____ 4b _____
5a _____ 5b _____

**ST-2-DP Direct Pay Multiple Site Form**
Attach to Form ST-1.

Do not write above this line.

Account ID: _____ This form is for _____
(Reporting period)**Part 2 — Municipalities with business district tax locations**

You must round your figures to whole dollars. See instructions.

Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise

4a _____ X ^(rate) _____ = 4b _____Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = 5b _____Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise

4a _____ X ^(rate) _____ = 4b _____Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = 5b _____Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise

4a _____ X ^(rate) _____ = 4b _____Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = 5b _____Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise

4a _____ X ^(rate) _____ = 4b _____Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = 5b _____Location code _____
Site name _____
Site address _____
City, state, ZIP _____

General merchandise

4a _____ X ^(rate) _____ = 4b _____Food, drugs, and medical appliances
5a _____ X ^(rate) _____ = 5b _____

Page totals

4a _____ 4b _____

5a _____ 5b _____